U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1 File Number II

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Nulliber 0. /2/33	2. FISCAL YEAR COVERED FIGHT.
	1/1/04 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Nelson C. McMath	Name Bricklayers & Alliad Crafts. Local 9-MI
	Labor Organization File Number \$37 - 376
	Labor Organization The Number 33 1 3 1 4
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1685 Miller Rel	Street 3321 Ramy Dr
City Ann Arbor	City Langing
State ZIP Code + 4 48103	State M ZIP Code + 4 48906
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	!
Signature	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

ZIP Code + 4

or Consultan:

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of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	firectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Mishigan BAC Pension Fund	
Trade Name, if any:	a. Labor Organization
P.O. Box, Eldg., Room No., if any	
Street 6525 Centurion Drive	c. Employer
city Lansing	
State M \ ZIP Code + 4 48917 - 927	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Michigan BAC Pension Fund Trade Name, if any:	11.a. Nature of such dealing. Attendance & Stay & BOT (Board of Trustee mtgs) plus travel.
P.O. Box, Bldg., Room No., if any	
Street 6525 Centurion Dr	11.b. Approximate dollar value of such dealing. 209.01
City Cansing	
City Cans:	Memo: \$ 131. 25 for travel
	was issued to BAC Local 9.
	for travel
	-
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	

14.b. Amount of payment.

13.b. Is the Business an Employer

Street

City

State

. Held an interest in or derived income or economic benefit with monetary value from a business (1) a	
ubstantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the busine:	
f an employer whose employees your labor organization represents or is actively seeking to represent, or	
any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise	
ealing with your labor organization or with a trust in which your labor organization is interested.	

8. Name and address of Business (including trade name, if any). Name Michigan BAC Health Care Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6525 Centurion Dr. City Lansing State MI ZIP Code + 4 48917. 9275	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Michigan BAC Health Care fund Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing. Travel, attendance & stay at Health Care Fund Trustee Mty
Street 6525 Centurion Dr. City Landing State MI ZIF Code + 448917.9275	11.b. Approximate dollar value of such dealing. 169.26 12.a. Nature of interest held or income received. Memo: 91.50 of total was issued to Local 9 for travel
	12.b. Amount.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	i .
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is action (2) any part of which consists of buying from or selling or leasing directly or inducting with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, ดเ directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Michigan BAC Apprentice ship & Training	
The state of the s	a. Labor Organization
Trade Name, if any:	X: b. Trust
P.O. Box, Bldg., Room No., if any	
Street 6525 Centurion	c. Employer
City Langing	
State M (ZIP Code + 4 4 19 17 - 9275	· 1
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Michigan BAC Apprentice & Training Fund	Travel, attendance & fotage
Memoran to a new column transfer of a new column transfer material and the contract	A. Carrier and the contract of
Trade Name, if any:	@ Trustee Mtg.
P.O. Box, Bldg., Room No.: if any	I am Trustere
Street: 6525 Centurion	
City Landing	11.b. Approximate dollar value of such dealing.
State M (ZIP Code + 448917.9275	
	issued to BAC Local 9, for travel.
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name :	
An and control of the	
Trade Name, if any:	1 1
P.O. Box, Bldg., Room No., if any	
Street	
City	
City	1
State Zif Code + 4	

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Name of Person Filing Nelson Mc Math	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name BAC 9 - MCE Employer Cooperation Fund Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 6525 Centurian Da	9. Business deals with:
City Lansing. State M1 ZIP Code + 448917.9275	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name BAC9: MCE Employer Cooperation Find CMT Trade Name, if any: P.O. Box, Bidg., Room No., if any	Travel, attendance à stay @ Trustee Mtg. I am a Trustee.
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Memo: # 26.25 of total above was issued to hocal 9, for travel.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name ;	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	;
Street	
City	
State ZIP Code + 4	De the state of th
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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I, Nelson C. MeMath, may have received something of value from a fund vendor in 2004, however, due to the late notification for LM-30 reporting, my records may not be completely accurate.

Sincerely,

flow C. M. MIL